

PRACTICAL SUGGESTIONS



NURSES when on a private case often find it difficult to keep the record from inspection. We teach our pupils to use Roman letters for the numbers and Latin terms for remarks, etc. This might be done in keeping a record on a private case, as for instance:

| Hours. | Temp. | Pulse. | Res'n. | Urine. | Stool. | Medicine. | Stimulant. | Nourishment | Remarks. |
|-----------|-------|--------|--------|--------|--------|--------------------------|---------------------------|-------------|----------------------------------------------------------------------|
| VII A. M. | C | CIV | XX | XLCC | 1 | Morph. $\frac{1}{4}$ gr. | Strych. $\frac{1}{4}$ gr. | Soft ov. | Sinapis emp. applied over gastric region Strych. given p. r. n. |
| 7 A. M. | 100 | 104 | 20 | 40 3 | | Morph. $\frac{1}{4}$ gr. | Strych. $\frac{1}{4}$ gr. | Soft egg | Mustard plaster applied over stomach Strych. given when required. |

S. C.

I NOTICE in the Practical Suggestions of the March JOURNAL that orange juice is spoken of as good for a typhoid patient. I took care of a typhoid patient who was given strained, very much diluted, orange juice in place of water which he refused. On the 23rd day of the fever he had two hemorrhages. Orange juice was thought to have brought about intestinal putrefaction. The orange juice was withheld and no further trouble arose.

Here are two formulas which have proved most useful to me. The first is an old Scotch formula for the relief of flatulency. Water, one ounce; whiskey, two drachms; quinine, three drachms; to be given as a high enema with a rectal tube. It may be repeated until relief is experienced.

Good for sprains: to the white of one egg, beaten stiff, add salt until about the consistency of plaster, bind on the sprained part with a piece of red flannel. The application should be continued until relief is felt.

S. T. L.

(All such suggestions as the above are, of course, used by nurses only with the knowledge and consent of the physician.—Ed.)

I RECEIVED a suggestion in regard to fomentations from the grandmother of a country patient, which was so good I want to share it. She told me to wring the flannel from warm water, then to put it in a

colander over a kettle of boiling water. When steamed through, it was very hot, yet not wet. When a patient is having frequent fomentations, one can be kept always ready by this method and it saves the hands of the nurse. The flannel must, however, be always wrung from water first, or it will not absorb the steam. E. F.

IN making a salad dressing which ordinarily requires cream, a thin white sauce can be substituted very successfully if cream is not to be had.

I GIVE the following method of placing a child for aural and nasal douching, hoping it will help others. Although I was once supervisor in an eye and ear hospital we never had a case that called for such handling and I was at my wits' end recently on a private case to know what to do to keep my patient from getting wet and vomiting after each douche. The aurist on the case gave me the hint. Of course it is only applicable in cases where the patient is too ill to be raised up and will not keep quiet in a recumbent position.

Place the patient across a bed, couch, or table, on the side to be douched, the head and shoulders well over the edge. Have some one at the back of the patient to steady the head with one hand and body with the other, the nurse stooping down in a crouching position, holding the basin for return flow on her knees and so having both hands free with which to manage the douche tip and straighten canal. For a nasal douche, turn the child on its stomach, instead of side, drop its head slightly downward, the assistant holding the forehead instead of side of head. It may seem awkward at first, but the child will not swallow the solution, consequently will not vomit and does not get wet. If you have a case with one side a mastoid, the other side and nose having to be douched, and with a complication of serious endocarditis, you will appreciate not having to change the bandage, clothing and bedding after each douche. JEANNETTE M. GARDNER.

A LETTER to the editor in the *New York Medical Journal* for October 24 speaks of the embarrassment of a male patient in using the bed-pan when women nurses were within hearing. This is a point all nurses should keep in mind. It is one that concerns women patients as well as men. When a patient has been given a bed-pan, either in a hospital or a home, the nurse should go out of the room or ward, leaving the patient alone and with a feeling of seclusion impossible otherwise. She should be where she can hear a loud call or a bell, but she should not be near enough to make the thought of her presence an obstacle to the patient, except in cases of delirium or extreme weakness, where the patient cannot be safely left alone.